

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Prescription for America's Future		FEC IDENTIFICATION NUMBER ▼ C C00560532	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2014 </div>	

Full Name of Payee Adtrans, Inc			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014 </div>		
Mailing Address 6713 Oakmont Way			Amount <div style="display: inline-block; text-align: center;"> 4200.00 </div>		
City Bradenton	State FL	Zip Code 34202	Transaction ID : SE.4111		
Purpose of Expenditure Mobile Billboard		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2014 </div>		
Name of Federal Candidate EARL LEROY CARTER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: GA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center;"> 4893.67 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Power Marketing & Printing			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 </div>		
Mailing Address 1080 Nine North Dr. Suite D			Amount <div style="display: inline-block; text-align: center;"> 693.67 </div>		
City Alpharetta	State GA	Zip Code 30004	Transaction ID : SE.4117		
Purpose of Expenditure Advocacy Mailing		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014 </div>		
Name of Federal Candidate EARL LEROY CARTER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: GA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center;"> 693.67 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center;"> 4893.67 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; text-align: center;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center;"> 4893.67 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael G. Adams

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Prescription for America's Future	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00560532 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 14 / 2014</div> </div>	

Full Name of Payee Power Marketing & Printing		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 05 / 14 / 2014</div>	
Mailing Address 1080 Nine North Dr. Suite D		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1432.51</div>	
City Alpharetta	State GA		
Purpose of Expenditure Advocacy Mailing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4118 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 05 / 14 / 2014</div>
Name of Federal Candidate EARL LEROY CARTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6423.68</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lee Smitherman		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 04 / 30 / 2014</div>	
Mailing Address 5466 Vinings Lake Way, SW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">97.50</div>	
City Mableton	State GA		
Purpose of Expenditure Printing production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.4119 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 05 / 12 / 2014</div>
Name of Federal Candidate EARL LEROY CARTER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4991.17</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1530.01</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6423.68</div>

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Michael G. Adams

[Electronically Filed]

Date

MM / DD / YYYY
05 / 14 / 2014

Signature